

PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

Mail Stop Issue Fee
Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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CERTIFICATE OF ELECTRONIC FILING

29989

7590

07/10/2009

HICKMAN PALERMO TRUONG & BECKER, LLP
 2055 GATEWAY PLACE
 SUITE 550
 SAN JOSE, CA 95110

I hereby certify that this Fee(s) Transmittal is being filed Via Electronically
 on the date indicated below and addressed to:

Commissioner for Patents, Alexandria, VA 22313-1450

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/714,192	11/14/2003	Cosmin Dini	50325-0827	9354

TITLE OF INVENTION: METHOD AND APPARATUS FOR MEASURING THE AVAILABILITY OF A NETWORK ELEMENT OR SERVICE

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1510	\$0	\$1510	10/13/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
OSMAN, RAMY M	2457	709-224000

1. Change of correspondence address or indication of "Fee Address" (PT CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hickman Palermo Truong & Becker LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CISCO TECHNOLOGY, INC.

SAN JOSE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual☒ Corporation or other private group entity☐ government

4a. The following fees are enclosed:

☒ Issue fee

4b. Payment of Fee(s):

☐ A check in the amount of the fees is enclosed.☐ Publication Fee☒ Payment by credit card is authorized.☐ Advance Order - # of Copies _____☒ The Commissioner is authorized to charge deficiencies / credit overpayments to Deposit Acct., 59-1242

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) /ZhichongGu#56543/
 Zhichong Gu, Reg. No. 56543

(Date) October 7, 2009

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and trademark office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
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